CUSTODIAN FORM

CUST01

Industry / Participant Number	Passport Number

Please send your completed form to:

Email: info@sentinel.za.com

Hand in: at your nearest Client Service Centres situated in Sandton, Welkom, Klerksdorp, Carletonville and Witbank/Emalahleni.

IMPORTANT: DOCUMENTARY REQUIREMENTS CHECKLIST

The following documentation MUST accompany your application (Please tick each item indicating if it is included)

1	Copy of the Custodian's ID / Passport	
2	Proof of South African Tax Number of Custodian	
3	Copy of birth certificate or ID / Passport of minor child	

Please submit all the required documents. If you fail to submit any required documents, it may cause the monthly pension to be suspended.

DETAILS OF CHILD – ALL FIELDS TO BE COMPLETED

Title	Initials	Surname

Full Names (First Two Names in Full)			
1		2	

Identity Number | Passport Number	

Gender	M	F	Birth Date	Y	Y	Y	Y	M	M	D	D

DETAILS OF CUSTODIAN – ALL FIELDS TO BE COMPLETED

Title	Initials	Surname

Full Names (First Two Names in Full)			
1		2	

Identity Number | Passport Number	
Tax Number	

Gender	M	F	Birth Date	Y	Y	Y	Y	M	M	D	D

Relation to Deceased	

CUSTODIAN FORM
- CONTINUED

Industry / Participant Number		Passport Number	

CONTACT DETAILS OF CUSTODIAN – ALL FIELDS TO BE COMPLETED

Telephone Number	Code		Number	
Mobile Number	Code		Number	
E-mail				

Please indicate the preferred method of communication	SMS		Email		Telephonic		Postal	

CUSTODIAN DECLARATION – ALL FIELDS TO BE COMPLETED

I declare that the child is alive and, in my care,		Not in my care	

I understand that if I fail to return this document the monthly pension will be suspended, and that a false declaration will lead to legal action by the Fund

Signature of Custodian	Date
Electronic signatures are not permitted to be used on this Application Form.	Y Y Y Y M M D D

WITNESS DECLARATION – ALL FIELDS TO BE COMPLETED

I certify that the custodian knows and understands the contents of this declaration which was signed before me on

this | day of | 2 0

Full Names

Telephone	Code		Number

Commissioner of Oaths		Bank Manager	
Police Officer		Minister of Religion	
Lawyer/Solicitor		Fund Officials	
Post Office Manager/Postmaster			

Stamp of Institution / Commissioner of Oaths

Please send your documents to:
Sentinel Retirement Fund | P O Box 61172 | Marshalltown 2107 | Johannesburg | South Africa | **E-mail** info@sentinel.za.com

Sandton: 5th Floor, 92 Rivonia Road, Wierda Valley, Sandton, 2196 | **Toll-Free** 0800 776 861
Carletonville: S Buys Office Park, Shop 10, Corner Kaolin and Radium Streets, Tel (011) 481 8290/1
Klerksdorp: 54 Buffelsdoorn Road, Flamwood, Tel (011) 481 8024/8 | **Welkom:** Shop 25, The Strip, 314 Stateway, Tel (011) 481 8025/6
Emalahleni / Witbank: WCMAS Building, Corner OR Tambo and Susanna Streets, Tel (011) 481 8295/6